

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL UNDER 37 C.F.R. §1.114

DOCKET NUMBER:

HI-0190

Prior Appln Serial No.:

10/539,751

Filed:

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Inventor(s):

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Confirmation No.:

5031

Group Art Unit:

2186

Examiner:

Ryan A. Dare

U.S. Patent and Trademark Office

Customer Service Window, Mail Stop RCE

Randolph Building

401 Dulany Street

Alexandria, Virginia 22314

Sir:

NOTE: 37 C.F.R. §1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. §1.53(d) (PTO/SB/29) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA. See Changes to Application Examination and Provisional Application Practice, Final Rule, 65 Fed. Reg. 50092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office 47 (Apr. 11, 2000), which established RCE practice.

1. Submission required under 37 C.F.R. §1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other: _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other: _____

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. Fee amount \$130.00 under 37 C.F.R. §1.17(g) enclosed. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(g) required).

- b. ☐ Other: _____

3. Fees

- ☒ RCE fee required under 37 C.F.R. §1.17(e); Small Entity \$405.00, other than small entity \$810.00. The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.
- ☐ Extension of time fee (37 C.F.R. §§1.136 and 1.17)

Payment by:

- a. ☐ Check in the amount of \$ _____ (Check No. _____) enclosed.
- b. ☒ Please charge my Credit Card.
- c. ☐ Please charge my Deposit Account No. 16-0607 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of any deficiency in the above fees associated with this communication or credit any overpayment to Deposit Account No. 16-0607. A duplicate copy is enclosed.

Respectfully submitted,
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Date: April 21, 2009

Please direct all correspondence to Customer Number 34610

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